AMENDMENT TRANSMITTAL LETTER					Docket No. 0230-0245PUS1	
Application No. 10/571,069-Conf. #2459		Filing Date December 7, 2006		Examiner C. M. Borgeest		Art Unit 1649
Applicant(s): Hidemi KURIHARA et al.						
	APEUTIC AGE		RAPEUTIC M	ETHOD FOR PERI	ODONTA	L DISEASES
MS AF Commissioner for P.O. Box 1450 Alexandria, VA 22: Transmitted here	313-1450	ndment in the	above-identif	fied application.		
The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED Claims Highest						
	Remaining After Amendment	Number Previously Paid	Number Extra Claims Present	Rate		
Total Claims	29	- 30 =	0	x 26.00		0.00
Independent Claims	5	- 5 =	0	x 110.00		0.00
Multiple Dependent Claims (check if applicable)						
Other fee (please specify): Request for continued examination (RCE) (see 37 CFR 1.114)						405.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:						405.00
Large Entity x Small Entity						
No additional fee is required for this amendment.						
X Please charge Deposit Account No. 02-2448 in the amount of \$ 405.00 . A duplicate copy of this sheet is enclosed.						
A check in the amount of \$ is enclosed.						
Payment by credit card. Form PTO-2038 is attached.						
The Director is hereby authorized to charge and credit Deposit Account No. 02-2448 as described below. A duplicate copy of this sheet is enclosed.						
x Credit a	ny overpaymen	ıt.				
x Charge a	any additional fili	ng or applicatio	n processing	fees required under 3	7 CFR 1.	16 and 1.17.
X Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17. 4 1,60 9 Dated: September 7, 2010 Attorney Reg. No.: 28,977						
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Suite 260 San Diego, California 92130 (703) 205-8000						
(100) 200-8000						